

Receipt

FILE COPY



ATTORNEY DOCKET NO.: 0492611-0326 (MIT 8151)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Langer *et al.*
Serial No: 09/553,552
Filing Date: April 20, 2000
Title: ENDOSOMOLYTIC AGENTS AND CELL DELIVERY SYSTEMS

Examiner:
Art Unit: 1643

RECEIVED

FEB 13 2001

TECH CENTER 1600/2300

Assistant Commissioner For Patents
Washington, DC 20231

Sir:

TRANSMITTAL LETTER

Enclosed are the following documents:

1. Petition to Correct Filing Receipt
2. Filing Receipt
3. Return Postcard

If any additional fees are required to be paid or if any overpayment has been made, please charge same to Deposit Account No. 03-1721.

Respectfully submitted,

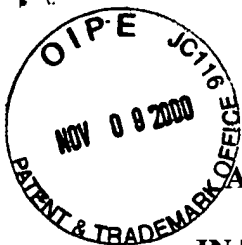
C. Hunter Baker, M.D., Ph.D.
Reg. No. 46,533

CHOATE, HALL & STEWART
Exchange Place
53 State Street
Boston, MA 02109
(617) 248-5000
Dated: November 7, 2000

3190638_1.DOC

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231 on November 7, 2000

Karen E. Gespo



RECEIVED

FEB 13 2001

ATTORNEY'S DOCKET NUMBER: 0492611-0326 (MIT 8151)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2000

Applicant: Langer *et al.* Examiner:
Serial No: 09/553,552 Art Unit: 1643
Filed: April, 20, 2000
Title: ENDOSOMOLYTIC AGENTS AND CELL DELIVERY SYSTEMS

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

Sir:


PETITION TO CORRECT FILING RECEIPT

Applicant respectfully requests that the Filing Receipt be corrected to reflect the following:

1. Under Continuing Data as Claimed by Applicant, please add --This application claims priority to provisional application U.S.S.N. 60/130,362, filed April 21, 1999.--
2. Please correct the spelling of the first word in the title of the patent to read: **Endosomolytic**. The title should read "Endosomolytic agents and cell delivery systems".

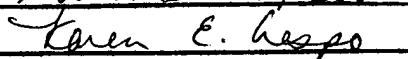
A copy of the Filing Receipt with the corrected information highlighted is attached. Our understanding is that there should be no fees associated with this Petition. However, if we are mistaken, please charge any fees that may be associated with this request, or credit any overpayments, to our Deposit Account No. 03-1721.

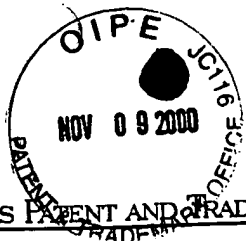
Respectfully submitted,


C. Hunter Baker, M.D., Ph.D.
Reg. No. 46,533

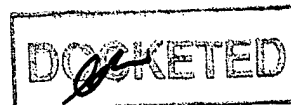
CHOATE, HALL & STEWART
Exchange Place
53 State Street
Boston, MA 02109
(617) 248-5000
Dated: November 7, 2000

#3190605_1.DOC

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231 on November 7, 2000




UNITED STATES PATENT AND TRADEMARK OFFICE

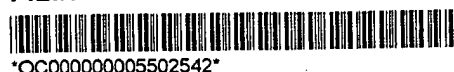


CHP

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/553,552	04/20/2000	1643	1362	0492611-0326(8151)	5	87	7

FILING RECEIPT



OC000000005502542

Karoline K.M. Shair
Choate Hall & Stewart
Exchange Place 53 State Street
Boston, MA 02109-2891

Date Mailed: 10/25/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Robert S. Langer, Newton, MA ;
David A. Putnam, Cambridge, MA ;

Continuing Data as Claimed by Applicant

This application claims priority to provisional application U.S.S.N. 60/130,362,
Foreign Applications filed April 21, 1999.

If Required, Foreign Filing License Granted 06/27/2000

** SMALL ENTITY **

Title

Endosomolytic
~~Endosomolytic~~ agents and cell delivery systems

Preliminary Class

435

Data entry by : JONES, ANGELONA

Team : OIPE

Date: 10/25/2000



FILE COPY

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4483

SERIAL NUMBER 09/553,552	FILING DATE 04/20/2000 RULE	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 0492611-0326 (8151)
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Robert S. Langer, Newton, MA;
David A. Putnam, Cambridge, MA;

RECEIVED**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/130,362 04/21/1999

FEB 13 2001

TECH CENTER 1600/2300

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 06/27/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 87	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

Karoline K.M. Shair *C. Hunter Baker, M.D., Ph.D.*
Choate Hall & Stewart
Exchange Place 53 State Street
Boston, MA 02109-2891

TITLE

Endosomolytic agents and cell delivery systems

FILING FEE RECEIVED 1362	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit